

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production Inc.		Well API No. 30-045-28702
Address 3300 N. Butler, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nellie Platero 11205	Well No. 8	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <u>State</u> (Federal or Fee)	Lease No. 1-149-IND-8464
Location Unit Letter N : 1080' Feet From The South Line and 1355' Feet From The West Line Section 10 Township 27N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> 249965	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco E. & P. Inc. 2499630	Address (Give address to which approved copy of this form is to be sent) 3300 N. Butler, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit N Sec. 10 Twp. 27N Rge. 9W	Is gas actually connected? Yes When? 9/92 12-2-92

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 9-02-92	Date Compl. Ready to Prod. 9-20-92		Total Depth 2210'		P.B.T.D. 2145'			
Elevations (DF, RKB, RT, GR, etc.) GR-6119', KB-6132'	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 1902' 2005		Tubing Depth 1908'			
Perforations 2005'-28', 2030'-31, 2036'-39', 2050'-52', 2065'-67', 2075', 2077'-84', 2088'-89', 2091'-92', 2120'-25'.					Depth Casing Shoe 2210'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		300'		340 sx. - Circ. 150 sx.			
7-7/8"	5-1/2"		2210'		460 sx. - Circ. 51 sx.			
	2-3/8" Tbg.		1908'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			OIL CON. DIV
			DIST. 2

GAS WELL

Actual Prod. Test - MCF/D 68	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 300#	Casing Pressure (Shut-in) 300#	Choke Size 14/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **Ted A. Tipton** Area Manager
Printed Name **1-05-93** Title **(505)325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 15 1993**
By **Supervisor**
Title **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NMOGCD (5)